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ABSTRACT

The relation between compliance with child care regulations and the quality of day care programs is discussed, and predictors of child care compliance are identified. Substantial compliance (90-97 percent, but not a full 100 percent compliance with state day care regulations) positively affects children. Low compliance (below 85 percent compliance) places children at increased risk. A Generic Checklist for Child Care offers predictors of child care compliance that state agencies should emphasize in their monitoring of child care programs. Items on the checklist concern: (1) director qualifications; (2) health appraisal; (3) supervision of children; (4) adult/child ratios; (5) sufficient space; (6) emergency contact information; (7) a hazard-free environment; (8) inaccessibility of toxic materials; (9) nonhazardous equipment; (10) nutrition; (11) medication; (12) transportation of children in a safety carrier; and (13) the orientation of activities provided for children. Concluding remarks emphasize that inasmuch as day care regulations alone will not ensure high quality child care services for children, state agencies should use the Generic Checklist in combination with other evaluation tools to monitor child care programs. Benefits of using the checklist are noted. (RH)

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NATIONAL CHILD CARE REGULATORY, MONITORING AND EVALUATION SYSTEMS MODEL

ED322998

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There is increasing support in the United States for the provision and assurance of quality services for children. Quality services are defined as day care services that promote sound child development principles and do not only ensure that children are in healthy and safe child care environments. Public accountability requires that the state entertain a dual purpose, one is to monitor compliance with state regulations but secondly and equally important, there is a strong need for the state to ensure that quality child development services are supported and provided. However, states must accomplish this dual mission with shrinking federal support. Cutbacks in state human service staff's have occurred as workloads increased. Many states have experienced substantial increases in the number of child day care providers who are attempting to meet the increasing demand from parents for additional services for their children (Bradley, 1984; Zigler & Gordon, 1982; Belsky, 1978).

Two significant findings have been reported recently (Fiene, 1985a,b) which have a direct impact on this above dual role that states must entertain in monitoring program quality and compliance with state regulations. One finding concerned the long awaited relationship between compliance with state day care regulations and the overall quality of a program. This result was expanded to include child outcome data and the relationship of cost and program quality. The second finding had to do with the development of a methodology in order to identify predictors of compliance with state day care regulations. This second result is now a compilation of data from New York City, Pennsylvania, West Virginia, Michigan, and California day care delivery systems. The results are particularly significant because approximately 1/3 of all subsidized day care in the nation are represented by these states.

Theory of Compliance--Does compliance with child care regulations make a difference for children?

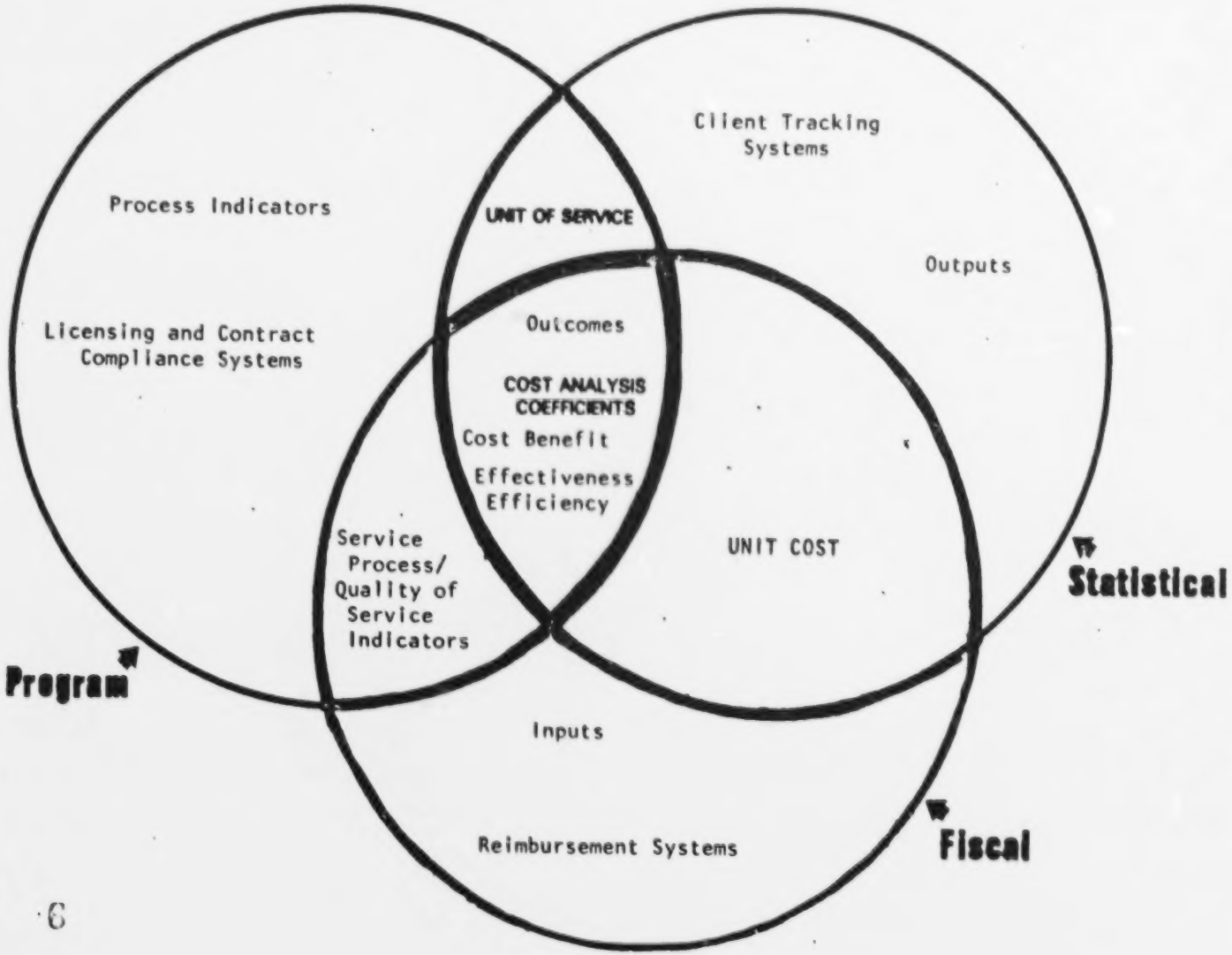
There has been an assumption in day care licensing that full compliance with state day care regulations is in the best interests of children who are being cared for in day care centers. However, this hypothesis had not been put to a scientific test, until a series of studies undertaken by Fiene and his associates in the late 1970's and early 1980's. These studies were completed in the day care and children and youth service delivery areas and analyzed the relationship of compliance with state regulations and child outcome data, cost data, and program quality data (Fiene, 1984, 1985a,b; Kontos & Fiene, 1985).

In all of these studies a linear relationship was hypothesized which means that as compliance increased with state day care regulations, a corresponding and equivalent increase in program quality or increased positive impact on children would also occur. The more a program is in compliance the better the program. This turned out not to be the case. This result has serious social policy implications. Since the promulgation of the Federal Interagency Day Care Requirements (FIDCR) in the early 1970's, it was a given that complying with day care regulations would have a beneficial effect on children and those programs that obtained high levels of compliance would be the higher quality programs. Unfortunately, this theory was not tested directly at the federal level, but was undertaken in Pennsylvania. Pennsylvania's state day care regulations were heavily influenced by FIDCR.

Initially, in the late 1970's, Dr Richard Fiene and his staff proposed a paradigm (continuous program monitoring information system with an evaluative component (Fiene, 1979, 1981) for analyzing the impact of the new proposed day care regulations in Pennsylvania.

This paradigm, utilizing statewide day care information systems (PACDMIS), integrated fiscal, statistical and programmatic data from the day care delivery system in Pennsylvania (Fiene, 1979). In the research studies completed as a result of this paradigm shift in the late 70's and early 80's, when compliance scores were correlated with outcome data or compliance scores were correlated with unit cost data, a curvilinear rather than a linear relationship between the data was discovered (See Figure 1 (Fiene, 1981, 1984a, 1985a; Kontos & Fiene, 1985)). This theoretical compliance curve had significant policy implications in Pennsylvania in several areas. One, it supported placing a ceiling or cap on what the state would pay for day care services. Quality costs substantial dollars but the most expensive, costly programs were not necessarily the best programs. This resulted in a $5,000,000 savings in which dollars were re-allocated from costly, inefficient programs to less costly programs. Two, it provided support in Pennsylvania to move past the strict regulatory stance to a broader stance that included program quality. Three, it helped to answer the question--Does compliance with day care regulations make a difference for children. The answer is a qualified yes. Substantial compliance (90-97% compliance levels) but <u>not</u> full compliance (100% compliance level) with state day care regulations does positively affect children. Low compliance (below 85% compliance level) with state day care regulations does place children at increased risk. However, the dramatic increases in safeguards in moving from low to substantial compliance are not also seen in moving from substantial to full compliance. In some cases, children were worse off in full compliant programs than they were in substantially compliant programs. The best programs were not necessarily the fully compliant programs.

CHILDREN'S SERVICES MONITORING PARADIGM--COMPREHENSIVE APPROACH TO MONITORING AND EVALUATION SYSTEM



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This above approach[1] is significantly different from previous attempts because of the addition of the programmatic compliance system, its integration with the fiscal and statistical human service systems, and its dependence on the continuous monitoring of the day care delivery system (formative evaluative design) through its information system. Approaches in the past have emphasized only the fiscal and statistical systems with the absence of the programmmatic compliance system, and have utilized a one-shot, summative evaluation design. This new approach is not embedded in a university laboratory setting but takes advantage of the naturalistic day care delivery system in a major Northeastern State. It is a significant alternative (Non-Academic Paradigm) in conducting research on children's programs.

Although a linear relationship was not found between compliance with state regulations and program quality, there is still a significant factor that has to be ascertained in the middle section of the curve where compliance with state regulations and child outcomes does have a very positive and linear relationship (See Figure 1). In order to determine what these items are a different type of methodology must be used. This methodology is called the Indicator Checklist Statistical Model and was used to generate a Generic Checklist for Monitoring Day Care (CSMC, 1985).

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[1] This approach is becoming the first step in the development of a Human Services Econometric Model (1985c) in determing the effectiveness and efficiency of publicly funded child care programs.

THEORY OF COMPLIANCE

As compliance with state regulations increases, child outcomes increase linearly; but only to a certain level and with selected regulatory items that have been determined to be predictors of overall compliance/outcome.
Full compliance with regulations has a plateau effect or a diminishing return effect on child outcomes.

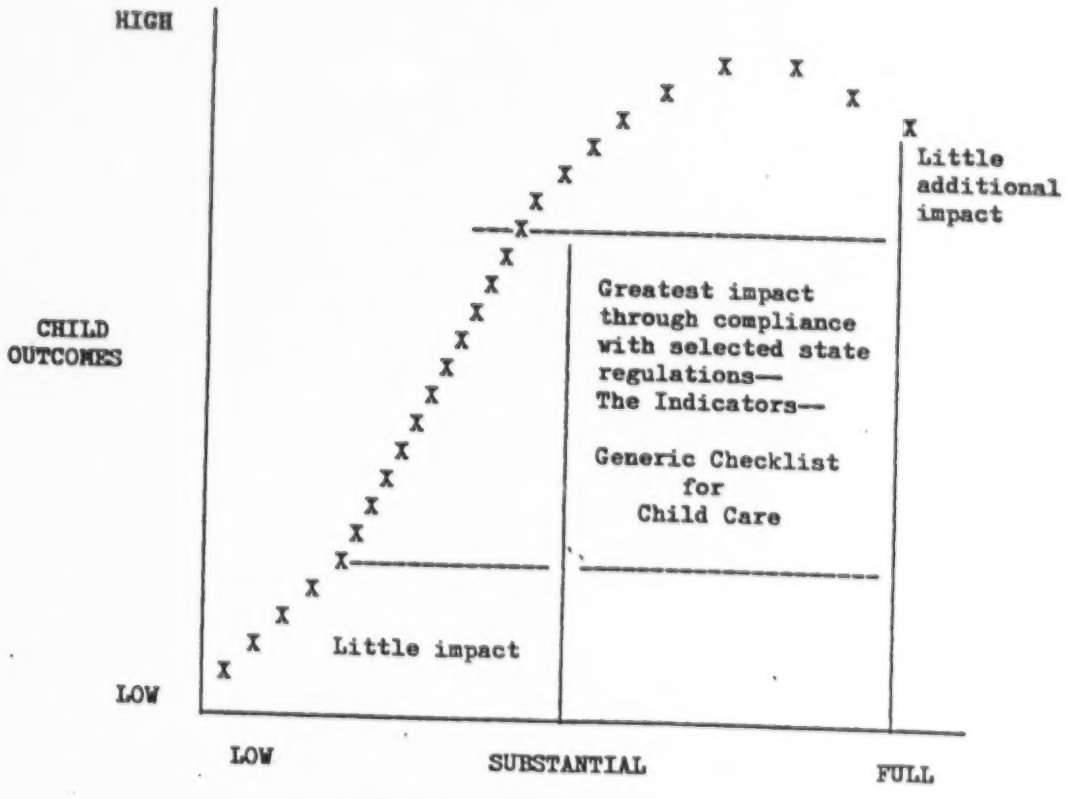

FIGURE 1

Indicator Checklist--Predictors of child care compliance!

Lack of a statistically sound methodology for determining which child care regulatory items have a differential impact in predicting overall regulatory compliance and child outcomes has hampered sound social policy formulation. From a social policy framework, the regulatory items listed below are the items that state agencies should be emphasizing in their monitoring of child care programs. These items constitute the **Generic Checklist for Child Care.** The **Generic Checklist for Child Care** represents an effective and workable uniform set of regulatory items for child care monitoring. What was so remarkable about the items included on the **Generic Checklist for Child Care** was the similarity from state to state although these states had very divergent delivery systems. These items also showed a remarkable level of agreement with research conducted by Norris Class and David Beard, "Risks in Day Care: Fifty Concretions" (1984)[2].

The items on the **Generic Checklist for Child Care** can be reduced to three major categories based on the program quality subscale[3]. These three major categories in determining overall quality of a child care program are the following: **Curriculum**--those programs that had clearly articulated, detailed curriculum that teaching staff, administrators, and parents could express succintly were programs that provided a higher level of quality; **Parental Participation**--those programs that emphasized and encouraged parents to participate and help out in all aspects of the program's development provided a higher level of quality; and **Overall Administrative Organization**--those programs that communicated effectively with teaching staff and parents, but were not overly restrictive provided a higher level of quality.

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2 Class N., & Beard, D., "Risks in Day Care: Fifty Concretions", paper presented at the Annual Licensing Institute, Williamsburg, Virginia, 1984.

3 Fiene, R., Child Development Program Evaluation Scale, (Washington D.C.: Children's Services Monitoring Consortium, 1984b).

The Generic Checklist has grown out of the results of analysis of Pennsylvania's Child Development Program Evaluation instrument, West Virginia's, New York City's, and Michigan's day care compliance instruments. These states have developed comprehensive monitoring instruments, with compliance items corresponding to state regulations.

The historical results of using these comprehensive instruments were analyzed to determine which compliance items tended to be the most significant. A rigorous statistical procedure was employed that identifies the items that are most effective in discriminating between providers who are strong in compliance with standards and those who are weak. Because of the ability of the selected question to discriminate between strong and weak rpoviders, they have been called "predictor" items. That is, a person who conducts a monitoring review should be able to use the results for these items to predict whether the provider would have scored well or poorly on the comprehensive instrument.

This methodology has been used by a number of states to develop their respective Indicator Checklists. A well designed Indicator Checklist of predictor items can be used alternatively with the comprehensive instrument, lightening the staff workload while not compromising the monitoring effort. Beyond the development of Indicator checklists for the individual states, however, the research analyses led to an important additional finding: certain common predictor items tended tc appear everywhere the methodology was applied. That is, the research disclosed a set of generally applicable indicators of compliance with standards for child day care--a generic checklist.

The following items constitute the Generic Checklist for Child Care:

1) **Director qualifications**--does the director have the following qualifications: a) a master's degree in child development, early childhood education or a related field?; or b) a bachelor's degree in child development, early childhood education or a related field, plus two years of work experience related to the care and development of children?; or c) an associates degree or the equivalent in child development, early childhood education or a related field, plus four years' work experience related to the care and development of children?.

2) **Health appraisal**--have all staff, including temporary and substitute employees and volunteers who serve on a regular basis, who come into contact with children, who work with food preparation, had a health apprasal within 3 months prior to providing day care services and annually thereafter? (Health appraisals shall be certified by a licensed physician).

3) **Supervision of children**--do staff supervise the children at all times, both indoors and out?

4) **Adult/child ratios**--do group size and adult child ratios correspond to standards? Infants--1-5 staff to children; group size not to exceed 10 children; Toddlers--1-4 staff to children; group size not to exceed 8 children; Preschoolers--1-10 staff to children; group size not to exceed 20 children; and School age--1-15 staff to children; group size not to exceed 30 children.

5) **Sufficient space**--is sufficient space (40 square feet per child), available for all children in care?

6) **Emergency contact information**--is there emergency contact information on each child, including: a) name, address and telephone number of child's physician or source of health care?; b) home and work addresses and

telephone numbers of parents?; c) name, address and telephone number of emergency contact person?

7) **Hazard free environment**--are play areas free of hazards and unsafe areas such as open drainage ditches, wells, holes, and heavy street traffic, or surrounded by fences or natural barriers to limit access?

8) **Toxic materials inaccessible**--are all cleaning materials, detergents, aerosal cans orother poisonous and toxic materials kept in a place inaccessible to children and separate from child care areas, and food and food preparation areas?

9) **Equipment not hazardous**--is the equipment easily accessible to the children, readily washable, clean, in good repair, and free from hazards such as sharp or pointed parts or toxic finishes?

10) **Nutrition**--is food handled, stored, prepared and served in a healthful, safe and sanitary manner, observing principles of food services for young children?

11) **Medication**--does the facility require, for any child receiving any medication: a) physician's current written instructions for all prescription medication?; b) parent's current written instruction for all non-prescription medication?; c) written consent from child's parents for prescription and non-prescription medication?; d) record of dose and time medication is administered?

12) **Safety carrier**--is each vehicle used for transportation of children equipped with age-appropriate safety carriers or restraints in good working condition for each child transported?

13) **Program observation**--do the day care activities promote: a) development of skills?; b) self esteem?; c) positive self identity?; d) choice of activities?

An important component of the Generic Checklist for Child Care to keep in mind is that the Checklist constitutes a substantial reduction from the comprehensive instruments used by states (on the average, comprehensive instruments are 270-300 items in length and take one to one and a half days to administer). The respective indicator checklists take one-half day to administer. The Generic Checklist for Child Care has been updated and supported by a comprehensive day care evaluation study completed by the Child Welfare League of America on the New York City Day Care System. The results from this study support the use of the Generic Checklist for Child Care monitoring at a national level.

The system and model used to develop the Generic Checklist is available from the Children's Services Monitoring Transfer Consortium in their Instument Based Program Monitoring and Personal Computer Software for Program Monitoring Guide Book Series[4]. This model has also been applied to other human services with a great deal of success--Pennsylvania Children and Youth Monitoring Information System (PACYIS). This system is particularly concerned with measuring the effectiveness of agencies in establishing permanent homes for children who are in temporary foster care and has created a Child Welfare Indicator Checklist. Another major concern of this system is to determine those disruptive indices in thechild care environment that breakdown permanency[5] in a child's & family's life. Dr Fiene and his research associates are presently pursuing thosepredictors of change that prevent families from re-establishing permanenthomes for their children (Non-Permanence/Disruptive Indices Theoretical Scale)and place the individual members at risk to abuse, neglect or failure to thrive.

4 Fiene, R., & Nixon M., Instrument Based Program Monitoring Information System Series, (Washington, D.C.: Children's Services Monitoring Consortium, 1983).

5 Permanency as a construct could be a basic principle to a General Theory of Child Development. Conceptually, it is a theoretical construct that originated in cognitive development, but has application in social & emotional development as well (Fiene, 1979).

Conclusion

The results presented in this chapter have tremendous social policy implications. Day care regulations alone will not ensure quality child care services for children. Regulations will ensure a safe and healthy environment, but will not by themselves promote sound child development (Fiene, 1974). Full compliance with state child care regulations is not in the best interests of children. Greater emphasis placed on specific program quality assessments, particularly those advocated by the National Association for the Education of Young Children (NAEYC) Accreditation Criteria, or the Early Childhood Environment Rating Scale (Harms & Clifford, 1980), or the Child Development Program Evaluation Scale (Fiene, 1984b) will help to promote positive child development outcomes[6]. Social policy at the state and national levels need to refocus their emphasis from one of a strict regulatory stance to one that achieves a greater balance between health and safety regulations and regulations that deal with program content.

I would propose that state agencies pursue a model that incorporates utilization of the Generic Checklist and combining this tool with the NAEYC Criteria, the ECERS, or the CDPE-S. By utilizing this model, states can continue to comply with their licensing mandate through the use of an abbreviated licensing checklist, while at the same time increasing the quality of child care services with proper focusing on program observations and content.

This proposal based on the theoretical compliance curve (Figure 1) and continuous program monitoring information system is an innovative model that incorporates child care research findings into sound social policy

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6. NAEYC Criteria have both program compliance/licensing and program quality items. The Harms/Clifford Scale has program quality items only. The Fiene Scales have program compliance/licensing and program quality items.

formulation (Fiene, 1981, 1985a,b). This model takes into account many of the criticisms made by reseachers (Belsky, 1981, Bronfenbrenner, 1979, Zigler, 1985) regarding child care research and offers a solution to their well justified criticisms.

Major advantages of the model are the following:

1) it substantially reduces the burden on providers, especially those providers that have a record of high compliance and are judged suitable for use of the Generic Checklist--it is proposed that these providers be visited once every three years using the comprehensive instrument. In the intervening years, the Generic Checklist would be used.

2) the indicator checklist approach can further reduce a state's cost of monitoring and permit the more efficient reallocation of staff resources to other activities. A cost effectiveness study conducted in West Virginia, utlilizing their Indicator Checklist, resulted in a savings of 50% staff time in determining the level of compliance of providers. With such a substantial savings in time, this will free program monitors/evaluators to act more as consultants in providing technical assistance and ensuring program quality at the provider level (Fiene, 1985b).

The development of the Generic Checklist for Day Care represents a major advance in monitoring children's services and child development research. This model builds upon a constructive review of licensing standards completed by Kendall & Walker (1984). In that article, the authors clearly point to the inadequacies in state of the art child care monitoring systems at the state level; to licensing standards being only concerned with health and safety issues, and the need to have a model at the state level to upgrade licensing standards. The Indicator Checklist Statistical Methodology and System presented in this chapter represent such a model that can be used in protecting the health and safety of young children, while ensuring the quality of child development programs.

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